

**QUESTIONNAIRE
FOR APPOINTMENTS REQUIRING SENATE
CONFIRMATION**

					Date Completed
1.	Name:				
	Mr/Mrs/Ms	Last	First	Middle	Maiden
2.	Business Address:				
	Street		Office #		City
	Post Office Box	State	Zip Code	Area Code/Phone Number	
3.	Residence Address:				
	Street		Office #		City
	Post Office Box	State	Zip Code	Area Code/Phone Number	
4.	A. List all your places of residence during the past (5) years.				
	Address	City & State		From	To
5.	Date Of Birth:		Place of Birth:		
6.	Have you ever used or been known by any other legal name? Yes No If "Yes", explain:				
7.	Are you an United States citizen? Yes No If "No", explain:				
	If you are a naturalized citizen, date of naturalization: _____				
8.	Are you a registered Delaware voter? Yes No If "Yes", list				
	A. County of registration:		B. Current Party Affiliation:		
9.	Education				
	A.				Year Graduated
	B. List all post-secondary educational institutions attended:				
	Name & Location	Dates Attended		Certificate/Degrees Received	

10. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:

A. Dates of service: _____

B. Branch or component: _____

C. Date & Type of discharge: _____

11. Have you ever been convicted of any federal, state, county, or municipal criminal provision in the past 10 years?
(Exclude traffic violations for which a fine or civil penalty of \$200.00 or less was paid) Yes No

If "Yes", give details:

Date	Place	Nature	Disposition

12. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, and type of business, occupation or job title, and period(s) of employment.

Employer's Name and Address	Type of Business	Occupation/Title	Period of Employment

13. Have you ever been employed by a state or local government agency in the State of Delaware? Yes No

Position	Employing agency	Period of Employment

14. State your experiences and interests or elements of your personal history that qualify you for this appointment including and degree(s), awards, certifications or association memberships that relate to the subject matter of this appointment.

15. Do you currently hold an office position (appointive, civil service, or other) with the federal or any foreign government?
Yes No If "Yes", explain: _____

16. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the Office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal)

Office Title	Date of Election or Appointment	Term of Office	Level of Government

17. Have you previously been appointed to any office that required confirmation by the Delaware Senate? Yes No

If "Yes", list:

A. Title of office: _____

B. Term of appointment: _____

C. Confirmation results: _____

D. If your service was on an appointed board(s), commission(s), committee(s), council(s) requiring senate confirmation:

1. How frequently were meetings scheduled: _____

2. If you missed any of the regularly scheduled meetings, state number of meetings you attended, the number you missed, and the reason(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence

18. Have you ever been refused fidelity, surety, performance, or other bond? Yes No If "Yes", explain

19. Have you held or do you hold an occupational or professional license or certificate in the State of Delaware?

Yes No If "Yes", provide the title and number, issue date, and issuing authority. If any disciplinary action, (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate Title & Number	Issue Date	Issuing Authority	Disciplinary Action
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20. To your knowledge, do you or have you in the past four (4) years (include businesses of which you are an owner, officer, or employee) any contractual or other direct dealings with the office to which you have been appointed or are seeking appointment?

Yes No If "Yes", explain:

Name of Business

Your Relationship to Business

Business Relationship to Agency

21. Have you been a registered lobbyist or have you ever lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for your expenses?

Yes No

B. Name the agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

22. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude relatives and members of the Delaware Senate.

Name

Mailing Address

Zip Code

Area Code/Phone Number

23. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or which you have been a member during the past five(5) years, the organization address(es), and date(s) of your membership(s).

Name

Address

Office(s) Held & Term

Date(s) of Membership(s)

24. Do you know any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain:

25. If required by law or administrative rule, will you file financial disclosure statements? Yes No

26. If required, will you take all necessary steps to provide your criminal history record information, including fingerprinting, signing a waiver and paying the State Bureau of Identification a reasonable fee? Yes No

Signature

Date